Revised: June 2004

ABNORMAL CARDIAC FUNCTION TESTING

AEROMEDICAL CONCERNS: Each of the cardiovascular function tests (EBCT, AGXT, 24-hour Holter monitor, ECHO, EBCT, Thallium or Sestamibi scan, etc…) when either frankly abnormal or borderline is indicative of possible underlying cardiac disease. The risk of sudden incapacitation in flight remains undefined until such time as an appropriate cardiovascular evaluation is completed.

WAIVERS:

Initial Applicants (All Classes) and Rated Aviation Personnel (All Classes):
In the absence of Cardiac disease (i.e. spurious or false positive test), full flight status is to be expected and the information is filed *Information Only*. The presence of hemodynamically significant coronary artery disease may lead to restrictions in flight status (see Coronary Artery Disease APL). Waivers for dysrhythmias and valvular heart disease are discussed on the pages for the respective dysrhythmias and valvular conditions. Aircrew members who are required to undergo further testing but refuse for any personal reason are normally terminated from aviation duties.

G Code	*Condition*
G349	Abnormal GXT
G985	Abnormal Holter
G992	Abnormal Echo
G973	Abnormal Thallium Scan
G924	Abnormal EBCT

INFORMATION REQUIRED: Summaries of the final reports from the ECGs, Holter monitor, AGXT, EBCT, echocardiogram and cardiac catheterization are required in the AMS. Copies of these reports as well as the actual tracings, echo or catheterization films may be requested for review by USAAMA in coordination with the Aerospace Cardiology Consultants. In certain cases, direct consultation will be arranged with the Army Aeromedical Cardiology Consultant.

FOLLOW UP: None required if definitive testing is normal. For specific waiverable abnormalities, see the individual conditions as listed in the APLs.

TREATMENT: N/A.

DISCUSSION: In the U.S. Army cardiovascular screening program, 11% of over 40,000 males over the age of 40 had an abnormal EKG. Further investigation of such patients by AGXT would produce both false positives and false negatives. 80% of patients with severe CAD will be detected by AGXT alone. However, two-thirds with a positive AGXT will have a normal angiography. Thallium scanning adds specificity and is required in aircrew members with abnormal AGXT testing. Abnormal exercise thallium studies are to be used to identify the

patients who require cardiac catheterization to define the extent of the underlying disease. (See CAD Screening Program APL)